

**COMMONWEALTH OF KENTUCKY  
DEPARTMENT OF INSURANCE  
215 WEST MAIN STREET/P.O. BOX 517  
FRANKFORT, KENTUCKY 40602  
502-564-6082 FAX 502-564-4604**

**Schedule Of Insurer Fees, Taxes And Deposits**

**SECTION 1 - FEES**

**FEES FOR ADMISSION** – (Due at time of application)

	Foreign Insurers	Domestic Insurers
Original Certificate of Authority	\$ 500.00	\$ 500.00
Filing Charter Documents (Articles and Bylaws)	100.00	100.00
Filing Annual Statement	100.00	
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Total Admission Fees	\$ 700.00	\$ 600.00

**ANNUAL RENEWAL FEES** – (Due March 1)

	Foreign Insurers	Domestic Insurers
Filing Annual Statement	\$ 100.00	\$ 100.00
Renewal of Certificate of Authority	100.00	100.00
Audited Financial Statement	100.00	100.00
Quarterly Statements	N/A	300.00
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Total Renewal Fees	\$ 300.00	\$ 600.00

**MISCELLANEOUS FILING FEES** – (Due at time of filing)

Amended Certificate of Authority	\$ 50.00
Amended Articles of Incorporation	50.00
Amended Bylaws	50.00
Miscellaneous Filings	5.00

**REMINDER:**

**Kentucky is a retaliatory state and all fees, premium taxes, deposits will be charged at the rate in Kentucky Law or the rate charged by the domiciliary state, whichever is higher.**

**CONTACT INFORMATION:**

If you have any questions or need assistance, please contact  
Janet Klapheke or Cecilia Webber at the Financial Standards and Examination Division  
Phone (502) 564-6082 • Fax at (502) 564-4604 E-mail [Janet.Klapheke@ky.gov](mailto:Janet.Klapheke@ky.gov) or [Cecilia.Webber@ky.gov](mailto:Cecilia.Webber@ky.gov).

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**SECTION 2 - TAXES**

PREMIUM TAXES – (Due March 1)

Please refer to KRS 136.320 thru 410 for state premium taxes. All state premium taxes must be forwarded, by March 1, to the:

**Kentucky Department of Revenue**  
P. O. Box 1303  
Frankfort, KY 40602-1303

OR

**Kentucky Department of Revenue**  
501 High St.  
Frankfort, KY 40601

For municipal premium taxes, please refer to KRS 91A-080 and contact Kentucky Department of Insurance, P. O. Box 517, Frankfort, KY 40602-0517.

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**SECTION 3 – DEPOSITS – (In place at time of Admission)**

For Life & Health, Property & Casualty, Title (Both foreign and domestic)

A deposit in the state of domicile                      \$1,000,000  
for the benefit of **all** policyholders

For Limited Health Service Organizations (Both foreign and domestic)

A deposit in Kentucky    \$ 50,000

For Health Maintenance Organizations (Both foreign and domestic)

A deposit in Kentucky    \$ 500,000

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**SECTION 4 – MINIMUM CAPITALIZATION REQUIRED FOR ADMISSION –  
(In place at time of admission)**

Life & Health, Health Maintenance Organization, Property & Casualty, Title

STOCK COMPANY-----

Paid Up Capital	\$1,000,000
Unimpaired Surplus	2,000,000
Total Surplus to policyholders Including capital stock	<u>\$3,000,000</u>

MUTUAL COMPANY-----

Unimpaired Surplus	\$3,000,000
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Limited Health Service Organization

Net Worth	\$ 250,000
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